

**Monthly Substance Abuse Screening & Assessment Activity Report
DCJS, DOC and VASAP Individual Office Report**

Reporting Office: _____ **Report for Month:** _____ **Fiscal Year:** _____

	(1) Screenings Ordered or Required This Month		(2) Screenings Completed This Month		(3) Screenings Completed This Month Indicating Assessment Needed		(4) Assessments Completed This Month		(5) Assessments Completed This Month Indicating Education and/or Treatment Needed		(6) Persons Actually Placed in Education and/or Treatment Programs This Month	
					(3a) Based on SSI result	(3b) Based on other factors			(5a) Based on ASI result	(5b) Based on other factors		
Total for This Month	M	F	M	F	M	F	M	F	M	F	M	F
Pretrial												
Local Probation												

**Report only screening and assessment activities performed to comply with provisions of
§§ 18.2-251.01, 19.2-299, 19.2-299.2, and 19.2-123B of the Code of Virginia.**

Send this report to your agency contact by the 15th day of the month following the reporting month.

Instructions for Completing Monthly Substance Abuse Screening & Assessment Activity Report

This form is used to report monthly substance abuse screening, assessment, and placement activities performed by your office on defendants/offenders based on the provisions contained in §§ 18.2-251.01, 19.2-299, 19.2-299.2, and 19.2-123B of the Code of Virginia. This information will be used to assess the activities and efforts required to comply with the aforementioned provisions.

Please refer to your agency's written Substance Abuse Screening and Assessment Protocol for instructions on conducting screenings and assessments. Additional questions should be directed to your agency's designated representative.

Instructions for reporting each item are detailed below. For each column, please provide totals for the current reporting month. **Report Pretrial and Local Probation, and Misdemeanor [M] and Felony [F] activity separately.**

Screenings Ordered or Required This Month (Column 1): Enter the total number of screenings your office was court-ordered to perform, and/or screenings determined to be required to comply with the above-referenced provisions of the Code of Virginia. Report screenings ordered or required regardless of when they were conducted.

Report only screenings ordered or required to comply with the provisions of §§ 18.2-251.01, 19.2-299, 19.2-299.2, and 19.2-123B of the Code of Virginia.

Screenings Completed this Month (Column 2): Enter the total number of screenings your office, and/or its contracted screening provider(s), completed during the reporting month. Include all *completed* screenings:

- using the Simple Screening Instrument (SSI)
- using the SSI *and* another screening instrument
- using an instrument *other than* the SSI
- using the SSI in addition to other screening activities (i.e., urinalysis)
- regardless of when the screening was ordered or required to comply with the above-referenced provisions of the Code of Virginia

A *completed screening* means the entire screening process has concluded. Count only one completed screening per individual, regardless of how many instruments or activities were included in the screening process.

Screenings Completed This Month Indicating Assessment Needed (Column 3):

Based on SSI Result (Column 3a): Enter the total number of screenings completed during the reporting month in which the SSI result (*including the observational checklist*) indicated a need for further assessment.

Based on Other Factors (Column 3b): Enter the total number of screenings completed during the reporting month in which the SSI result *did not* indicate a need for further assessment, but an assessment was deemed necessary based

on other factors. Other factors include self-report of abuse, positive urinalysis, new drug offense conviction, and a review of criminal or substance abuse history reports. Screenings conducted using an instrument *other than* the SSI that indicated a need for further assessment are also included in this total.

Assessments Completed This Month (Column 4): Enter the total number of assessments your office, and/or its contracted assessment provider(s) completed during the reporting month. Include all *completed* assessments:

- using the Addiction Severity Index (ASI)
- using the ASI *and* another assessment instrument
- using an instrument *other than* the ASI
- using the ASI in addition to other assessment activities
- regardless of when the need for further assessment was identified

A *completed assessment* means the entire assessment process has concluded. Count only one completed assessment per individual, regardless of how many instruments or activities were included in the assessment process.

Assessments Completed This Month Indicating Education and/or Treatment Needed (Column 5):

Based on ASI Score (Column 5a): Enter the total number of assessments completed during the reporting month in which the ASI result indicated a need for substance abuse education and/or treatment.

Based on Other Factors (Column 5b): Enter the total number of assessments completed during the reporting month in which the ASI result *did not* indicate a need for education and/or treatment, but education and/or treatment was deemed appropriate based on other factors. Other factors include self-report of abuse, obvious signs of abuse (i.e., need marks), positive urinalysis, new drug offense conviction, and a review of criminal or substance abuse history reports. Assessments conducted using an instrument *other than* the ASI that demonstrated the need for education and/or treatment are also included in this total.

Persons Actually Placed in Education and/or Treatment Programs This Month (Column 6): Enter the total number of individuals who *began participating* in a substance abuse education and/or treatment program during the reporting month. *Include all persons:*

- who were referred to and began attending substance abuse education or treatment during the current reporting month
- who were referred in previous months but did not begin active participation until the current reporting month
- who began participating in a substance abuse education or treatment program operated by your agency, a paid contractor, or an unpaid provider
- who were placed in a substance abuse education or treatment program regardless of when the need was identified

Thank you for providing this information